*			RESI V	AVAI	ABL	ECOP	<u>Y</u>	<u> </u>					
PATENT APPLICATION FEE DETERMINATION RECOI Effective October 1, 2001								Application or Docket Number					
		SHALL ENTITY OTHER THAN TYPE OR SMALL ENTITY											
TOTAL CLAIMS			29.	4			RAT	E	FEE	1	RATE	FEE	
FOR			MUMBER FILED		NUMBER EXTRA		BASIC	BASIC FEE 370.00		OR	rasic fee	740.00	
TOTAL CHARGEABLE CLAIMS			7-9 _minus 20=		• 59		X\$ 8	X\$ 9=		OR	X\$18=	1067	~
INDEPENDENT CLAIMS			3minus 3 =		d		X42	X42=		OR	X84=	70.22	
MIL	TIPLE DEPEN	DENT CLAIM P	RESENT		<u> </u>		+140	+140=		OR	+280=		
• If the difference in column 1 is less than zero, enter "O" in column 2							TOT	VL.		ОЯ	TOTAL		
3/3/05 CLAIMS AS AMENDED - PART II (Column 2) (Column 3)								···	NTITY	OR	OTHER SMALL		
AMENDMENT A		CLASS REMAINING AFTER AMENDMENT				PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
Ž	Total	. 18	Minus	- 7	9	-	X\$ 9	-		OR	X\$18=		
ME	Independent	· 3	Minus	3	}	-	X42	•		OR	X84=		
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CL						•140	ъ.		OR	+280+		
							TO ADDIT.	弘		OR	YOTAL ADDIL FEE		1
	(Column 1) (Column 2) (Column Column											7	
AMENDMENT B		REMAINING AFTER AMENDMENT		NUA PREVI	REST RBER ROUSLY FOR	PRESENT EXTRA	RAT	Ε	ADDI- TIONAL FEE		RATÉ	ADDI- TIONAL FRE	
Ş	Total	. 72	Minus .	.48 "	79	•	<b>23.5</b>	<b>,</b> ,		OR	X\$18=		
18	Independent	• 2	Minus	-,	3_	-	X42	-7		OR	X84=		1
L	FIRST PRESENTATION OF MULTIPLE DEPENDE				CLAIM		+140			OR	+280=	)	
							ADDIT	YAL		OR	YOTAL ADDIT, FEE		1
9	1-14-04		- 55 (					1					
AMENDMENT C		CLAIMS REMAINING AFTER AMENOMENT	-	NUI PREV	HEST . MBER NOUSLY OFOR	PRESENT EXTRA	RAT	Ε	ADOI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	.75	Minus	•	19	.0	XSS	,		OR.	X\$18=	(	1
A	Independent	• 3	Mirus	75517051	3	-10	X42			OR	X84=		1
	I SHOUT DECK	-MITATION (1) A	antivite Oil	PPNIDEN	II LLAIM								_

"If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "3."

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

X42-X84= OR +140= +280= RO

FORM PTO-675 (Part 8/01)

Palets and Trademark Office, U.S. DEPARTMENT OF COMMERCE THE SHOOTH STATE STATE